

CITY OF HARTFORD
JULY 1, 2005 – JUNE 30, 2006
HOPWA REPORTING FORM – CUMULATIVE REPORT
ATTACHMENT C

(Housing Opportunities For Persons With AIDS/HIV)

UNLESS OTHERWISE REQUESTED, THESE REPORTS MUST BE QUARTERLY NON-DUPPLICATED COUNTS AND CUMULATIVE (RUNNING TOTALS); STARTING ON JULY 1, 2005 AND ENDING ON THE LAST DAY OF THE PERIOD REPORTING.

PROGRAM/PROJECT NAME _____

Item 1: Select the type of service that your organization MOST provides. Check only one.

- ☐ Facility-Based Housing
- ☐ Facility-Based Non-Housing
- ☐ Scattered-Site Housing
- ☐ Supportive Services Only

NARRATIVE REPORT FOR:

QUARTERS 1, 2, 3

Please provide an executive summary, which address the following:

1. Quarterly Highlights
2. Quarterly Challenges
3. Newly Perceived Barriers Encountered (including non regulatory)
4. Newly Perceived Trends Arising
5. Report on any evaluation, studies, or other assessments of the HOPWA Program
6. Describe any projects in developmental stages that are not presently operational
7. Report on the use of Committed Leveraging of Funds
8. Consumer Case Study

4TH QUARTER

1. Quarterly Highlights
2. Report on the actions taken during the year that addressed the special needs of persons who are not homeless but require supportive housing, and assistance for persons who are homeless.
3. Evaluate the progress in meeting the project's objectives for providing affordable housing, including a comparison of actual outputs and outcomes to proposed goals.
4. Include any assessment of client outcomes for achieving housing stability, reduced risks of homelessness and improved access to care.
5. Report on the use of committed leveraging from other public and private resources that helped to address the needs. Report the number of stewardship units of housing, which have been created through acquisition, rehabilitation or new construction with any HOPWA funds.
6. Describe any other accomplishments recognized in the community due to the use of HOPWA funds, including any projects in developmental stages.
7. Describe any barriers (including non regulatory) encountered, actions in response to barriers, and recommendations for program improvement.
8. Describe any expected trends facing the community in meeting the needs of persons living with HIV/AIDS, and provide any other information important in providing services to persons with HIV/AIDS.

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CAPER Explanation: The attached charts are to be used in connection with the grantee narrative and performance assessment portion of the CAPER. Under that annual report, grantees address their actions and report on performance with the use of federal and other funds during the operating year. Grantees of HOPWA funding are required in the CAPER's narrative to explain how the HOPWA-related activities address strategic plan objectives and to evaluate progress in providing affordable housing and addressing the needs of homeless persons and the special needs of persons that are not homeless but require supportive housing, including persons living with HIV/AIDS and their families. Grantees must complete and submit the attached charts as required under the Part 2: Accomplishment Data section.

Performance Charts 1 Planned Goals and 2 Actual Performance are integrated and will help illustrate progress in leveraging resources by providing a means to report on the grantee's progress in obtaining "other" public and private resources that address needs identified in the plan. The HOPWA section of the CAPER also requires that grantees provide a narrative with information on what other resources were used in conjunction with HOPWA-funded activities. These charts provide a method to illustrate this use of other resources in addressing the housing needs of persons living with HIV/AIDS and their families and the supportive services provided.

Performance Chart 3 uses client outcome measures to demonstrate program effectiveness. The HOPWA program's overall outcome is that assisted households have been enabled to better maintain a stable living environment in housing that is safe, decent, and sanitary, and to reduce the risks of homelessness, and improve access to HIV treatment and other health care increases through the use of annual resources with the goal that this reaches 80 percent by 2008. Two optional worksheets help illustrate results on client outcomes.

Goal is the planned scope of the HOPWA activity and related program budget measuring the number of households to be assisted or units of housing in facilities, along with its funding.

Actual is the performance accomplished during the grantee operating year, including activities undertaken by all project sponsors using HOPWA funds under this program.

Tenant-based Rental Assistance (TBRA) means a form of on-going rental housing subsidy for the individual or household, such as tenant-based rental assistance payments or other scatter-site units that may be leased by the client, in which the amount is determined based in part on household incomes and rent costs. Project-based costs should be counted in the operation costs category.

Short-term Rent, Mortgage and Utility payments (STRMU) means a limited subsidy or payments subject to the limited time period to prevent the homelessness of a household (e.g., HOPWA short-term rent, mortgage and utility payments within a 21 week period).

Units in facilities supported with operating costs means the facility units and costs for leasing, maintaining or operating the housing facility, such as a community residence, SRO dwelling or other multi-unit dwelling; transitional housing, project-based rental assistance and leasing costs should be counted in this category as well as costs for minor repairs or other maintenance costs, costs for security, operations, insurance, utilities, furnishings, equipment, supplies, other incidental costs in providing housing to clients in these units. Supportive service costs associated with counseling programs, skills development, etc. should **not** be counted as housing costs. (These costs are captured under supportive service costs).

Units in facilities developed with capital costs and placed in service during the program year means units and costs for the development or renovation of a housing facility, such as a community residence, SRO dwelling or other multi-unit dwelling, in which costs for acquisition of the unit, new construction or conversion, substantial or non-substantial rehabilitation of the unit were expended during the period and the number of units reported were used by clients for some part of this period.

Units in facilities being developed with capital costs but not yet opened means units and costs for the development or renovation of a housing facility were expended during the period BUT the units were still in development and not yet used by clients during the period. Please do not report "planned" units for which no capital costs or related pre-development costs were incurred.

Stewardship Units means those units developed with HOPWA but no longer have current operation or other housing costs. Report information as the units remain subject to the three- or ten-year use agreements.

Housing Assistance Total means the non-duplicated number of households receiving housing subsidies and the units of housing in facilities that were dedicated to persons living with HIV/AIDS and their families that were supported with HOPWA or other funds during this operating year.

Amount of Non-HOPWA Funds means the amount of funds that were expended during the reporting period from non-HOPWA sources that are under the control of the Grantee or sponsors in dedicating assistance to this client population. Please only count other leveraged funds or other assistance that is directly connected to the HOPWA or community HIV/AIDS housing program in providing housing assistance or other support or services, to the degree that this practicable.

TOTAL by type of housing assistance/services means the non-duplicated number of units of housing (by type of housing) that were dedicated to persons living with HIV/AIDS and their families or services provided and that were supported with HOPWA and other funds, during this operating year.

Output Assessed: The number of units of housing or households that receive HOPWA housing assistance during the operating year.

Outcome Assessed: The HOPWA-assisted households who have been enabled to establish or better maintain a stable living environment in housing that is safe, decent, and sanitary, and to reduce the risks of homelessness, and improve access to HIV treatment and other health care increases through the use of annual resources with the goal that this is achieved for at least 80 percent of clients by 2008.

Grassroots organization. The term grassroots organization means the organization is headquartered in the local community to which it provides services; it has a social services budget of \$300,000 or less annually; and it has six or fewer full-time equivalent employees. Local affiliates of national or larger organizations are not considered "grassroots."

Permanent Housing Placement: A supportive housing service that helps establish the household in the housing unit, including reasonable costs for security deposits not to exceed two months of rent costs.

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2. Instructions on HOPWA CAPER Chart 1 (planned goal) and Chart 2 (actual):

Please enter the numbers corresponding to performance over the period of time indicated as the operating period for this activity, generally a one-year period based on the grantee's Consolidated Plan cycle. Output performance is measured by the number of households (and planned units of housing) that were supported with HOPWA or other federal, state, local and private funds for the purposes of

providing housing assistance or residential support to persons living with HIV/AIDS and their families. Note that the number of households receiving housing support from HOPWA funds must be the same as reported in the annual year-end IDIS data for the three general types of housing: (1) Rental assistance payments; (2) Short-term rent, mortgage and utility payments; and (3) Units in facilities such as community residences, SRO dwellings or other facilities, in which operating or development costs are incurred.

HOPWA PERFORMANCE CHARTS 1 (PLANNED GOAL) AND 2 (ACTUAL)		OUTPUTS HOUSEHOLDS				FUNDING		
		HOPWA ASSISTANCE		NON-HOPWA				
		a.	b.	c.	d.	e.	f.	g.
		GOAL	ACTUAL	GOAL	ACTUAL	HOPWA BUDGET	HOPWA ACTUAL	LEVERAGED NON-HOPWA
1.	Tenant-based Rental Assistance					\$	\$	\$
2.	Short-term Rent, Mortgage and Utility payments							
3.	Facility-based Programs							
4.	Units in facilities supported with operating costs							
5.	Units in facilities developed with capital funds and placed in service during the program year							
6.	Units in facilities being developed with capital funding but not yet opened (show units of housing planned)							
7.	Stewardship (developed with HOPWA but no current operation or other costs) Units of housing subject to three- or ten-year use agreements							
8.	Adjustment for duplication of households (i.e., moving between types of housing)							
	Total unduplicated number of households/units of housing assisted					\$	\$	\$
SUPPORTIVE SERVICES								
9.	i) Supportive Services in conjunction with housing activities for households above in HOPWA assisted units		*			\$	\$	\$
	ii) Supportive Services in conjunction with housing activities for households above in non-HOPWA assisted units		**					
	TOTAL SUPPORTIVE SERVICES					\$	\$	\$
HOUSING PLACEMENT ASSISTANCE								
10.	Housing Information Services		**			\$	\$	\$
11.	Permanent Housing Placement Services		**					
	Total Housing Placement Assistance					\$	\$	\$
HOUSING DEVELOPMENT, ADMINISTRATION, AND MANAGEMENT SERVICES								
12.	Resource Identification to establish, coordinate and develop housing assistance resources					\$	\$	\$
13.	Grantee Administration (maximum 3% of total) (i.e., costs for general management, oversight, coordination, evaluation, and reporting)							
14.	Project Sponsor Administration (maximum 7% of total) (i.e., costs for general management, oversight, coordination, evaluation, and reporting)							
	TOTAL COSTS FOR PROGRAM YEAR					\$	\$	\$

* Number equals supportive services for HOPWA-funded housing assistance (See Chart 4-a).

** If money is spent on these activities for case management and/or education/employment training activities, housing information services or permanent housing placement activities but is not committed to HOPWA-funded Housing Assistance; then the outcomes are also reported (See Chart 4 -b.).

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3. Instructions on HOPWA CAPER Chart 3 on Measuring Housing Stability Outcomes:

Please enter in column 1 the total number of eligible households that received the types of housing assistance specified. In column 2, enter the number of eligible households continuing to participate in each specified type of assistance (which might involve a temporary absence of not more than 90 days for treatment purposes, with an intent to return). In column 3, enter the number of households within each specified type of housing assistance who left the program during the program year by destination. If a household fractured during the program year, report only on the destination of the individual that made the household HOPWA eligible. Please refer to the destination codes that appear below this table for reviewing the stability housing outcomes. (PY1 = Program Year 1)

TYPE OF HOUSING ASSISTANCE	1. TOTAL NUMBER OF HOUSEHOLDS	2. NUMBER REMAINING IN PROJECT	3. DESTINATION FOR HOUSEHOLDS:	
				NUMBER OF HOUSEHOLDS IN PROGRAM YEAR
Short-term Rent, Mortgage, and Utility Assistance	PY1	PY1	Emergency Shelter	
			Temporary Housing	
			Private Housing	
			Other HOPWA	
			Other Subsidy	
			Institution	
			Jail/Prison	
			Disconnected	
			Death	
Tenant-based Rental Assistance	PY1	PY1	Emergency Shelter	
			Temporary Housing	
			Private Housing	
			Other HOPWA	
			Other Subsidy	
			Institution	
			Jail/Prison	
			Disconnected	
			Death	
Facility-based Housing Assistance	PY1	PY1	Emergency Shelter	
			Temporary Housing	
			Private Housing	
			Other HOPWA	
			Other Subsidy	
			Institution	
			Jail/Prison	
			Disconnected	
			Death	

4. HOPWA Outcomes on Access to Care and Support.

- a. Support in conjunction with HOPWA-funded Housing Assistance.** Please report on the access to services for households receiving HOPWA-funded housing assistance for all households shown (see Chart 2, box 9 i)-b), including supportive services such as from case management and/or education/employment training activities or from housing information services undertaken in conjunction with housing activities. Report on the household status at program entry (or beginning of program year for households continuing from previous year) and program exit (or end of program year for households continuing services in the following program year).

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CATEGORY OF SERVICES ACCESSED	HOPWA HOUSING ASSISTANCE	
	AT ENTRY OR CONTINUING	AT EXIT OR CONTINUING
i. Has a housing plan for maintaining or establishing stable on-going residency		
ii. Had contact with a case manager at least once in the last three months		
iii. Had contact with a primary health care provider at least once in the last three months		
iv. Had medical insurance coverage or medical assistance		
v. Obtained an income-producing job created by this project sponsor during the year		
vi. Received a successful referral to a job created outside this agency during the year		

- b. Support NOT in conjunction with HOPWA-funded Housing Assistance.** Please report on the access to services for households receiving support (from case management and/or education/employment training activities, from housing information services or from permanent housing placement activities) that is NOT related or connected to this household also receiving HOPWA-funded housing assistance (see Chart 2 box 9 ii)-b, 10-b and 11-b). Report on the household status at program entry (or beginning of program year for households continuing from previous year) and program exit (or end of program year for households continuing services in the following program year).

CATEGORY OF SERVICES ACCESSED	NON-HOPWA HOUSING ASSISTANCE	
	AT ENTRY OR CONTINUING	AT EXIT OR CONTINUING
i. Has a housing plan for maintaining or establishing stable on-going residency		
ii. Had contact with a case manager at least once in the last three months		
iii. Had contact with a primary health care provider at least once in the last three months		
iv. Had medical insurance coverage or medical assistance		
v. Obtained an income-producing job created by this project sponsor during the year		
vi. Received a successful referral to a job created outside this agency during the year		

- c. Income.** Report on the average median income of households served with HOPWA-funded housing assistance (see Chart 2 box 9-b). For information on average median income in your area, please refer to www.hud.gov.

PERCENTAGE OF AVERAGE MEDIAN INCOME BY AREA		HOUSING ASSISTANCE	
		AT ENTRY OR CONTINUING	AT EXIT OR CONTINUING
i.	0-30% of average median area income (very low)		
ii.	31-50% of average median area income (low)		
iii.	51-80% of average median area income (moderate)		

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5. **Worksheet on HOPWA Housing Stability Outcomes.**

This chart is designed to help you access program results based on the information reported above.

TYPE OF HOUSING ASSISTANCE	NUMBER IN STABLE HOUSING (3+4+5+6=#)	NUMBER IN UNSTABLE SITUATIONS 1+2+7+8=#)	PERCENT STABLE/TOTAL
Short-term Rent, Mortgage, and Utility Assistance (STRMU)			
Tenant-based Rental Assistance (TBRA)			
Facility-based Housing Assistance			
Housing Assistance Outcomes			
Prior Year Results			

Housing Stability Codes - households leaving HOPWA-assisted housing unit for this destination/reason:

Short-term Housing

1 = Emergency shelter or no housing destination such as places not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station, or anywhere outside).

2 = Temporary housing--moved in with family/friends or other short-term arrangement, such as Ryan White subsidy, transitional housing for homeless, other short-term rent, mortgage and utility programs and temporary placement in institution (e.g., hospital, psychiatric hospital or other psychiatric facility, substance abuse treatment facility or detox center).

Stable Permanent Housing/Ongoing Participation

3 = Housing in the private rental or home ownership market (without subsidy, including permanent placement with families).

4 = Other HOPWA-funded housing assistance (**not including STRMU**).

5 = Other subsidized house or apartment (non-HOPWA sources, e.g., Section 8, HOME, public housing).

6 = Institutional setting with greater support and continual residence expected (e.g., residential or long-term care facility).

Life Events

7 = Jail /prison.

8 = Disconnected or disappeared from project support, unknown destination or no assessments of housing needs were undertaken.

9 = Death, i.e., remained in housing until death. This characteristic does not factor into the stability equation.

STRMU assistance: **Stable Housing** is the sum of the number of clients who left the assistance with a reasonable expectation that they will survive on their own after HOPWA assistance (as this is a time-limited form of housing support) as shown as items: 3, 4, 5, and 6. **Unstable Situations** is the sum of those remaining in STRMU program at year-end (who have not yet reached their 21-week limit) plus the numbers reported under items 1, 2, 7, and 8.

Tenant-based Rental Assistance: **Stable Housing** is the sum of the number of clients who (i) remain in the housing and (ii) those who left the assistance as shown as items: 3, 4, 5, and 6. **Unstable Situations** is the sum of numbers reported under items 1, 2, 7, and 8.

Facility-based forms of housing assistance: **Stable Housing** is the sum of the number of clients who (i) remain in the housing and (ii) those who left the assistance as shown as items: 3, 4, 5, and 6. **Unstable Situations** is the sum of numbers reported under items 1, 2, 7, and 8.

Prior Year Results. As a baseline for assessment purposes, please indicate information of this nature collected in the prior performance year (if available) and compare these numbers and percentages to the current year assessment.

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Item 2: Enter the dollar amount of all supportive services your organization provides per quarter and year-to-date with HOPWA dollars.

SUPPORTIVE SERVICES:		QUARTERLY REPORT: DATES OF SERVICE: _____ TO _____	YEAR-TO-DATE REPORT: DATES OF SERVICE: JULY 1, 2005 To _____
1.	Outreach	_____	_____
2.	Case Management/Client Advocacy/Access to benefits/services	_____	_____
3.	Life Management (outside case management)	_____	_____
4.	Nutritional Services/Meals	_____	_____
5.	Adult day care and personal assistance	_____	_____
6.	Child care and other children services	_____	_____
7.	Education	_____	_____
8.	Employment Assistance	_____	_____
9.	Alcohol & drug abuse services	_____	_____
10.	Mental Health Services	_____	_____
11.	Health/Medical/Intensive care services	_____	_____
12.	Permanent housing placement	_____	_____
13.	Other-specify: _____	_____	_____
TOTALS		_____	_____

Item 3: Enter the number of persons with AIDS/HIV receiving housing assistance and/or support services

	RECEIVING HOUSING ASSISTANCE
1. Persons with HIV/AIDS	_____
2. Other persons in family units (without HIV/AIDS but receiving supportive services)	_____
TOTAL (add 1 and 2)	_____

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Item 4 Race/Ethnicity: Enter the number of persons served in each category. These totals must equal that of Item 3. In the category of “# Hispanics”; of the numbers listed in the total, how many of these individuals also consider themselves Hispanic.

RACE/ETHNICITY	# TOTAL	# HISPANIC
Caucasian		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/ Alaskan Native & White		
Asian & White		
Black/African American & White		
American Indian/Alaskan Native & Black/African American		
Other Multi-Racial		
Asian/Pacific Islander		
Hispanic		
TOTALS		

Item 5: Age & Gender: These totals must equal the totals for Item 3.

AGE & GENDER	UNDER 18	18 - 30	31- 50	OVER 50
Male				
Female				
TOTALS				

Item 6: Enter the number of participants in each income category. These totals must equal the totals for Item 3.

INCOME RANGE	\$0-250	\$251-500	\$501-1000	\$1001-1500	\$1501-2000	OVER \$2000	TOTAL NUMBER OF PARTICIPANTS
Number of participants							

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Item 7: Enter the participants' most recent living situation prior to entering your program. These totals must equal the totals for Item 3.

PARTICIPANTS PREVIOUS LIVING CONDITION	NUMBER OF PARTICIPANTS THIS QUARTER	YEAR TO DATE
1. Homeless Streets:	_____	_____
2. Transitional Housing:	_____	_____
3. Emergency Shelter:	_____	_____
4. Psychiatric Facility:	_____	_____
5. Substance Abuse Treatment:	_____	_____
6. Hospital/Medical:	_____	_____
7. Jail/Prison:	_____	_____
8. Domestic Violence:	_____	_____
9. Living w/Relatives/Friends:	_____	_____
10. Rental Housing:	_____	_____
11. Participant-owned Housing:	_____	_____
12. Other Situations: (Specify)_____	_____	_____
TOTAL	_____	_____

Item 8: Enter the number of individuals leaving the program and not expected to return. Do not include those who have had to briefly leave the program due to hospitalization. Record only one, primary reason for departure.

WHY PARTICIPANT LEFT THE PROGRAM	HOW LONG AGO THE PARTICIPANT LEFT YOUR PROGRAM			
	< 3	3 - 6	7 - 12	>12
Voluntary	_____	_____	_____	_____
Nonpayment of rent	_____	_____	_____	_____
Supportive Service	_____	_____	_____	_____
Noncompliance	_____	_____	_____	_____
Unknown	_____	_____	_____	_____
Criminal	_____	_____	_____	_____
Death	_____	_____	_____	_____
Other: Specify)_____	_____	_____	_____	_____
TOTALS	_____	_____	_____	_____

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SCATTERED-SITE

Item 9: Record number of units occupied to date, regardless of the number of monthly payments made by the program:

	SRO	0 BDRM	1 BDRM	2 BDRM	3 BDRM	4 BDRM	5+ BDRM
Tenant-based rent	_____	_____	_____	_____	_____	_____	_____
Rent, mortgage, Utilities	_____	_____	_____	_____	_____	_____	_____

FACILITY-BASED

Item 10: Record number of units occupied within the facility for each category.

	SRO	0 BDRM	1 BDRM	2 BDRM	3 BDRM	4 BDRM	5+ BDRM
Units By Facility Type	_____	_____	_____	_____	_____	_____	_____

Item 10A: Record total dollars spent to date for each category.

1. Acquisition	\$ _____
2. Rehab/Conversion/Repair	_____
3. Lease	_____
4. New Construction	_____
5. Operating Costs	_____
6. Technical Assistance	_____
7. Rental Assistance	_____
8. Other	_____
TOTAL	\$ _____

SEND REQUEST FOR DRAW DOWN TO:

City of Hartford
Development Services Department
Division of Grants Management
260 Constitution Plaza
Hartford, CT 06103

Tel: 757-9279
Fax: (860) 722-6061